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Please type a plus sign (+) inside this box → PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 22-0144

First Inventor or Application Identifier Stuart T. Linsky

Title See 1 in Addendum

Express Mail Label No. EF238909365US

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U.S. PTO**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Specification [Total Pages **35**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets **6**]
- Oath or Declaration [Total Pages]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.29).

Assistant Commissioner for Patents
ADDRESS TO: Box Patent Application Washington, DC 20231

5. Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. 37 C.F.R. § 3.73(b) Statement Power of
(when there is an assignee) Attorney
9. English Translation Document (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. Preliminary Amendment
12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- * Small Entity Statement(s) Statement filed in prior application (PTO/SB/09-12) Status still proper and desired
14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. Other: **Copy of Unexecuted Declaration**
.....
.....

16. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	30050	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; height: 40px;"></td> <td style="width: 10%;"></td> <td style="width: 60%;"></td> </tr> </table>					
Name					
Address					
City		State			
Country		Zip Code			
Telephone		Fax			

Name (Print/Type)	Noel F. Heal	Registration No. (Attorney/Agent)	26,074
Signature	<i>Noel F. Heal</i>	Date	12/04/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

**Attachment to PTO/SB/05 (4/98) Utility Patent Application
Transmittal**

- 1. MULTI-PASS PHASE TRACKING LOOP WITH REWIND OF CURRENT
WAVEFORM IN DIGITAL COMMUNICATION SYSTEMS**

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 848.00

Complete if Known

Application Number			
Filing Date	December 4, 2001		
First Named Inventor	Stuart T. Linsky		
Examiner Name	Unassigned		
Group / Art Unit	N/A		
Attorney Docket No.	22-0144		

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 20-1515

Deposit Account Name TRW Inc.

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	740.00
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	
SUBTOTAL (1)		(\$) 740.00	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
26	-20** - 6	x 18	108
Independent Claims 3	- 3** = 0	x 84	0
Multiple Dependent			0

*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$) 108.00

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 380	216 190	Extension for reply within second month	0.00
117 870	217 435	Extension for reply within third month	0.00
118 1,360	218 680	Extension for reply within fourth month	0.00
128 1,850	228 925	Extension for reply within fifth month	0.00
119 300	219 150	Notice of Appeal	0.00
120 300	220 150	Filing a brief in support of an appeal	0.00
121 260	221 130	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,210	241 605	Petition to revive - unintentional	0.00
142 1,210	242 605	Utility issue fee (or reissue)	0.00
143 430	243 215	Design issue fee	0.00
144 580	244 290	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Petitions related to provisional applications	0.00
126 240	126 240	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify) _____			0.00
Other fee (specify) _____			0.00
SUBTOTAL (3)		(\$) 0.00	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Noel F. Heal	Registration No. (Attorney/Agent)	26,074	Telephone	310-812-4910
Signature	<i>Noel F. Heal</i>			Date	12/04/01

WARNING:

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